

DESCRIPTION		ROLL NO	ODOMETER
PARCEL NO. A-3-20	WASHINGTON, CLEO 3217 N. VANCOUVER		
PARCEL NO. E-3-8	WASHINGTON, KATHRYN 2648 N. KERBY		
PARCEL NO. A-3-6	WEDGE, RAYMOND D. 242 N. COOK		
PARCEL NO. R-10-9	WESLEY, ROOSEVELT 535 N. MORRIS		
PARCEL NO. R-10-9	WHITCOMB, SCOTT 535 N. MONROE		
PARCEL NO. A-3-12	WHITE, CARMEN 253 N. FARGO		
PARCEL NO. A-2-4	WHITE, DOUGLAS & EVELYN (HAUGHT, EVELYN) 3100 N. GANTENBEIN		
PARCEL NO. A-3-2	WHITE, LOUISE 216 N. COOK		
PARCEL NO. RS-4-9	WILLIAMS, ALONZO 7 N. RUSSELL		
PARCEL NO. E-4-1	WILLIAMS, ALTON & BENNIE 2653 N. GANTENBEIN		
PARCEL NO. A-3-18	WILLIAMS, T.C. 203 N. FARGO		
PARCEL NO. RS-4-9	WILLIAMS, THEO 7 N. RUSSELL		
PARCEL NO. E-4-8	WOODS, E. JAMESSETTA 323 N. RUSSELL		
PARCEL NO. A-2-9	WOODS, WILLIAM H. JR. 3117 N. VANCOUVER		
PARCEL NO. A-3-3	WOODWARD, NEBBIE 3227 N. GANTENBEIN		
PARCEL NO. A-3-8	WRIGHT, WILLIAM R. 30 N. KNOTT		
PARCEL NO. A-4-4	YARBOROUGH, MRS. BOBBIE 252 N. IVY		
PARCEL NO. A-3-7	YOUNG, DAVE 248 N. COOK		

R E S U M E

DATE January 19, 1976

NAME Louise White

Mrs. White was very congenial to work with - always very talkative about her personal problems. She had a great fear of what neighbors were doing at first HAP unit so transferred to a duplex unit which gave her less people to be concerned with.

(signed) _____

C.D.

worker

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A-3-2 Advisor AL

Client's Name White, Louise Phone _____

Address 216 N. Cook Ethn B Age 61

- ☐ Male ☐ Family ☐ Married ☒ Renter/Occupant
☒ Female ☒ Individual ☒ Single ☐ Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Economic Data

Employer Day worker \$ 170
 Address _____

Other Source of Income \$ _____
 _____ \$ _____
 Total Monthly Income \$ (170 -)

- Eligible for Public Housing ☐ YES ☒ NO Presently Receiving Welfare ☐ YES ☒ NO
 Eligible for Welfare ☐ YES ☒ NO Other Assistance _____
 Eligible for (Other) ☒ YES ☐ NO _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

☒ YES ☐ NO

Date of initial interview 7-8-71 Date of Info pamphlet delivery 7/8/71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1959

(a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 4-25-72

Date of Acquisition 5-31-72
9-20-72

Date of letter of Intent _____

Date of move 4-10-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Age of Housing Unit 1910

Size of Habitable Area 1386

Furnished with claimant's furniture
☒ YES ☐ NO

Total Number of Rooms 6 Rent Paid \$ 50- Utilities 19.25

Number of Bedrooms 3 Monthly Housing Payments \$ Taxes

Liens \$ (please explain)

Acquisition Price \$ Amenities

REPLACEMENT DWELLING UNIT

Address 5057 N. VANCOUVER #2 LPA Referred ☒ Self Referred

Private Sales		Single Family	
Private Rental		Duplex	
Other <u>HAP</u>	<input checked="" type="checkbox"/>	Multiple Family	

Outside city ☐ Outside state ☐

✓ Age of Housing Unit 1950

✓ Size of Habitable Area 800 sq. ft.

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$

Rent \$ 15.50

Taxes \$

Utilities \$

RHP or TACO (including incidental costs) \$

Total Rent Assistance \$ 4,000-

Amount of Annual Payment \$ 1,000-

No. of Housing Referrals to:

Agency Referrals:

 Standard Sales

 MCW

☒ HAP

 OTHER ()

3 Standard Rent

 Food Stamp

 Legal Aid

☒ Other (Social Security)

Benefits Received

Date Ck # Type Amount \$

Date Ck # Type Amount \$

Date Ck # Type Amount \$

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WHITE, Louise RELOCATION ADVISOR A. Gordon
 ADDRESS 216 N. Cook PHONE 284-0833 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN AGE 61 PARCEL NO. A-3-2
 MARITAL STATUS widow TENURE tenant
 DISABILITY INDIV X FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT X OTHER
 INITIAL INTERVIEW 7-8-71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE: <u>1959</u>
INITIATION OF NEGOTIATIONS: <u>May 7, 1971</u>
DATE OF ACQUISITION: <u>Sept 20, 1972</u>

ECONOMIC DATA

Employer Mrs. Don G. Master (day work) \$ 170.00
 Address 617 Albemarle Terrace
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 170.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family		<u>X</u>
Subsidized Rental	Multiple Family		<u>X</u>
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales			

Size of Habitable Area 1386 sq.ft.

Age of Structure 1910 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn X
 Utilities \$ 19.25
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

HOUSING REFERRALS

Address	Bedrooms
<u>5057 N. Vancouver Ave. Apt. B</u>	<u>1</u>
<u>5053 N. Vancouver</u>	
<u>3955 N. Albina</u>	
<u>4605 N. Vancouver</u>	

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 5057 N. Vancouver Apt. D Phone _____ Date of Move April 10, 1972

WHERE RELOCATED:

					S	SS
Same City	X	Subsidized Sales		Single Family	X	
Outside City		Subsidized Rental	X	Multiple Family		
Out of State		Public Housing	X	Duplex		
		Private Rental		Mobile Home		
		Private Sales				

Furnished _____ Unfurnished X Number of Rooms 3 Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 15.50 Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	395 EH	4/26/72	\$ 1,000.00
TACO (Rental)	737EH	4-16-73	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	30238 G	4/17/72	\$ 460.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

TOTAL RHP: \$4,000.00

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: Delivered by Ted Parker. Would like meeting. Very Receptive.	
2/22/71	SURVEY: Will rent house, one bedroom, on busline.	WSJ
7/8/71	Talked with Mrs. White and she said that she would like a house but would settle for an apartment. Agreed to meet with me next week.	CD
11/11/71	Talked to Patrick J. Ledwidge, attorney 1121 Commonwealth Buidling. He stated that he represents the owner of the property and she will represent Louise White. Perhaps we should check this out with her on our next contact to see if we should be contacting him - or whatever.	SLC
11/23/71	Interviewed Mrs. White and went over her benefits with her. She said "she did not engage Patrick J. Ledwidge, attorney, to represent her." After hearing her benefits, she is reconsidering her stand on buying a house. I offered to show her a rent supplement apartment after she indicated she would consider.	CD
2/14/72	Talked with Mrs. White who has not decided whether to take Public Housing or go back to Texas. Stated she had looked at several Rent Supplement Housing units. Nothing seems to interest her. Promises to see me later when she is feeling better.	AG
2/24/72	Called Louise White whom I had interviewed to inquire as to how she was feeling and whether she had made any decisions as to what her plans were. She stated she would call and set up an appointment to go to HAP.	Ag
2/28/72	Mrs. White called and said she had a doctors appointment and would call and set up an appointment for later this week for an application to HAP.	
3/8/72	Called on Mrs. White, but no one answered.	
3/15/72	Called Mrs. White to see what she has decided to do; Rent supplement or buy. States she will set up appointment for going to HAP for making application. Will call us Friday 3/17/72.	AG
3/17/72	Mrs. Louise White was taken to HAP with Letter of Displacee, verification of income, application was made for low rent housing. Dalke Apartments were her preference. Other places shown to her. She feels that Dalke are the most suitable for her. She has been placed on the waiting list.	
3/22/72	Mrs. White was offered Apt. 5053 and 5057 N. Vancouver. After seeing the apartments, call was made to HAP to put a hold on 5057 N. Vancouver.	
4/7/72	Mrs. White was taken to HAP at Columbia Villa to pick up the key to Apartment 5057 N. Vancouver.	
4/17/72	A self move was made by Mrs. White to new address, 5057 N. Vancouver from 216 N. Cook.	
4/18/72	Reimbursement for relocation payment for Tenants claim filed from 216 N. Cook, A-3-2, Check No. 30238 G. Dislocation and fixed payment, own furniture in the sum of \$460.00 Delivered to Mrs. White at new address 5057 N. Vancouver.	
4/26/72	Reimbursement per claim for RHP tenents. Mrs. White's check No. 395 EH	

INTERVIEW REGISTER

Date

Relocation
Worker

for move from 216 N. Cook Parcel A-3-2 in the amount of \$1000. for first annual payment, received in office.

5/1/72 Check No. 395 A-3-2 RHP for \$1000 delivered to Mrs. White by Alma Gordon.

4-5-73 A self inspection was made on apt. at 5057 N. Vancouver Ave. Signature for 2nd Annual TACO

4-10-73 Claim filed for TACO

4-16-73 Warrant No 737EH issued to Louise White. RHP for move from 216 N. Cook Parcel A-3-2 Second Annual TACO in the amount of \$1,000.00

4-17-73 Check for Louise White for \$1,000.00 2nd Annual TACO payment delivered. Signed by client on receipt of check.

AG

4/1/74 Claimed filed for 3rd TACO Payment for Louise White.
4/17/74 Received check warrant NO. 917 EH in the amount of \$1000 payable to Louise White. Signature on receipt of check.

5/9/75 Mrs. White received her 4th and final TACO payment. She has moved to a HAP apartment at 4605 N. Vancouver Ave.

SCD



Date: April 17, 1975

Ms. Louise White
5057 N. Vancouver
Portland, Oregon 97217

SUBJECT: Rent Assistance Payments

DEPARTMENT OF
DEVELOPMENT AND
CIVIC PROMOTION

PORTLAND
DEVELOPMENT COMMISSION

Bob Walsh, Chr.
Elaine Cogan
Robert Ames
Dennis Lindsay

John B. Kenward
Executive Director

1700 S.W. Fourth Avenue
Portland, Oregon 97201
503-224-4800

Dear Ms. White:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PORJECT, you were determined to be eligible to receive a rent assistance payment of \$ 4,000.00 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

Benjamin C. Webb

Benjamin C. Webb
Chief, Relocation

BCW:s
Enc. 1

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 1034 EH

DATE May 7, 19 75PAY TO **Louise White**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

28

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 216 N. Cook (Parcel A-3-2). Total approved \$4,000.00 4th & FINAL PAYMENT	\$1,000.00
		<i>Louise White 5/9/75</i>	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A-3-2

PAYABLE TO: Louise White

For: ☐ RHP for Homeowners \$
☐ Incidental Expenses for Homeowners or Tenants \$
☒ RHP - Tenants & Certain Others - Rental: Total approved \$4000.; Annual amount \$1000.
☐ RHP - Tenants & Certain Others - Downpayment \$
☐ Settlement Costs (on acquisition by LPA only) \$
☐ Interest Expense \$
☐ Fixed Moving Payment \$
☐ Dislocation Allowance \$
☐ Actual Moving Costs \$
☐ Storage Costs \$
☐ Business: Moving Expenses \$
☐ Business: In Lieu Payment \$
☐ Business: Storage Costs \$
☐ Business: Loss of Property \$
☐ Business: Searching Expenses \$

Name of Client Louise White ☐ Family Less - \$ _____ *

Move from 216 M. Cook ☒ Individual Total \$ 1000.

Accounting: Indicate symbol and Accounting No.
 _____ Relocation Payment; _____ Project Cost *(_____)

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____ DATE March 24, 1975
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Louise White (Emanuel) 5057 N. Vancouver
(Displacee) (Address)

No. 4th \$ 1,000.00 April 1975
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 4605 N. Vancouver (H.A.P. Housing)

Date Inspected: _____ Condition: _____ Standard _____ Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Mrs. White was Moved to another H.A.P. Apt.

SIGNED: Louise White
(Displacee)

SIGNED: Samuel R. Daniels
(Relocation Advisor)

DATE: 4/28/75

DATE: 4/29/75

TO: Bob Douglas

DATE: 4/29/75

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Louise White

PROJECT: Emanuel R-20

FOR: 4th and Final T.A.C.C. Payment

AMOUNT: 1000.00

SIGNED: Samuel R. Daniels

766

J.C.W

**DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME OF CLAIMANT WHITE, Louise

Parcel No. A-3-2

NAME OF LOCAL AGENCY PDC

1. Did the claimant rent or own the dwelling at the time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental: 1959

Date of Acquisition: n/a

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? ☒ Yes ☐ No

Date of Rental or Purchase: ~~1959~~ 1959

Date of Initiation of Negotiations: May 7, 1971

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) ☒ Yes ☐ No (HAP)

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4,000.00 is authorized.

4-25-72

Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment	Check Number	Amount
<u>4/26/72</u>	<u>395 EH</u>	<u>\$ 1,000.00</u>
<u>4/16/73</u>	<u>737 EH</u>	<u>\$ 1,000.00</u>
<u>4/3/74</u>	<u>917 EH</u>	<u>\$ 1,000.00</u>
_____	_____	\$ _____

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

ELECTION FORM

I, (WE) Louise White, elect to
receive the balance of our rent assistance as follows:

X In one lump sum payment.

 In annual installment payments.

Signed: X Louise White

Tele.#: 284. 08 33

Date: 4/28/75

INSPECTED BY Alma Gordon DATE 3/29/74 MET ☐ NOT MET ☐

NAME Louise White PHONE 284-0833

ADDRESS 5057 N. Vancouver Ave.

HOUSE ☐ DUPLEX ☐ APT ☒ SR ☐ HK ☐

NO. OF ROOMS 3 COMP FURN ☐ PART FURN ☐ UNFURN ☒

NO. OF ROOMS ACCESSIBLE BY STAIRS ☐ BY ELEVATOR ☐

MANAGER ☐ OWNER HAP

RENT \$15.50, INCL HEAT ☒ WATER ☒ GAS ☐ GAR ☐ ELEC ☒

NO. BRS. 1 SIZE #1 Aug #2 ☐ #3 ☐ #4 ☐

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020) ☒
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010) ☒
3. Doors and hatchways must be in good repair. (29.28.010 (13)) ☒
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c)) ☒
5. Exits must have direct access to outside or public corridor. (24.66.030 (G)) ☒
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d)) ☒
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d)) ☒
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020) ☒
9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030) ☒
10. There may be no unvented or open flame gas heaters. (29.24.030) ☒

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a))	✓	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	✓	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (29.24.040)	✓	
15. Water must be heated to not less than 120°F. (29.08.260)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (29.20.030(c))	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2))		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1))		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4))		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3))		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5))		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b))	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b))	✓	
---	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____	<input checked="" type="checkbox"/>	
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	<input checked="" type="checkbox"/>	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)		
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (29.24.040)	<input checked="" type="checkbox"/>	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	<input checked="" type="checkbox"/>	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(q))	<input checked="" type="checkbox"/>	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	<input checked="" type="checkbox"/>	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall. (29.20.050(b))		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	<input checked="" type="checkbox"/>	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	<input checked="" type="checkbox"/>	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")		
37. Basement areas must be dry and well drained. (29.20.040)		
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.		

3. * Chart of bedrooms needed:

By Bedroom			By Number of Persons		
No. of Bdrms.	No. of Persons:		No. of Persons:	No. of Bdrms:	
	Min.	Max.		Min.	Max.
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS: *These Apartment Units are properties of Housing Authorities of Portland.*

0600 E60 901
RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A-3-2

PAYABLE TO: Louise White

For: ☐ RHP for Homeowners \$
☐ Incidental Expenses for Homeowners or Tenants. \$
☒ RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount \$1000
☐ RHP - Tenants & Certain Others - Downpayment \$
☐ Settlement Costs (on acquisition by LPA only). \$
☐ Interest Expense \$
☐ Fixed Moving Payment \$
☐ Dislocation Allowance. \$
☐ Actual Moving Costs. \$
☐ Storage Costs. \$
☐ Business: Moving Expenses. \$
☐ Business: In Lieu Payment. \$
☐ Business: Storage Costs. \$
☐ Business: Loss of Property \$
☐ Business: Searching Expenses \$

Name of Client Louise White

Move from 216 N. Cook

Less - \$ _____ *

Total \$1000

Accounting: Indicate symbol and Accounting No.

Relocation Payment; _____ Project Cost

*(_____)

2nd Annual

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE March 27, 1974
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Louise White (Emanuel) 5057 N. Vancouver
(Displacee) (Address)

No. 3rd \$1,000.00 April, 1974
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5057 N. Vancouver Ave Apt D

Date Inspected: H.A.P. Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Mrs White remains in same standard housing since being relocated from Emanuel Skewing in charter of Portland.

SIGNED: Louise White SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: 3/29/74 DATE: 3/29/74

TO: Bob Douglas DATE: 4/1/74

FROM: Alma Gordon

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Louise White
PROJECT: Emanuel R-20
FOR: 3rd Annual TACO payment
AMOUNT: \$1000.

SIGNED: W.C.B.

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 737 EHDATE April 16, 19 73PAY TO **Louise White**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON - NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 216 N. Cook (Parcel A-3-2).	
		Total approved	\$4,000.00
		2nd annual payment	<u>\$1,000.00</u>
<p><i>Received by 4/17/73</i> <i>Louise White</i></p>			

Account Distribution

NO.

TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 917 EH

DATE April 3, 1974

PAY TO Louise White

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 216 N. Cook (Parcel A 3-2).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
		<i>Revised Louise White 4/4/74</i>	

Account Distribution

NO.

TITLE

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE April 2, 1973
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Louise White 5057 N. Vancouver
(Displacee) (Address)

No. 2nd \$ 1,000.00 4/26/73
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5057 N. Vancouver Apt. D

Date Inspected: _____ Condition: ☒ Standard _____ Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Mrs Louise White occupies standard housing property of H A P Housing

SIGNED: Louise White SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: 4/6/73 DATE: 4/6/73

TO: Bob Douglas DATE: 4/10/73
FROM: Alma Gordon

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Louise White
PROJECT: Emanuel R-20
FOR: 2nd Annual TACO Payment
AMOUNT: \$1000.

SIGNED: Alma Gordon
shew

OK - Anne

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-2

Payable to: Louise White

Amount

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners (if separate claim) \$
✓ RHP for Tenants & Certain Others:
 Rental: Total approved \$ 4800.00; Annual amount. \$ 4,000.00
 or Purchase: \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs (if separate claim). \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client same

Less - \$ *

Move from 216 N. Cook

Total \$ 4,000.00

Accounting: Indicate symbol & Acct. No.

✓ E1501 Relocation Payment; Project Cost *()

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 395 EH

DATE April 26, 19 72

PAY TO Louise White

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 216 N. Cook (Parcel A-3-2).	
		Total Approved \$4,000.00	
		1st Annual Payment	<u>\$1,000.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$1,000.00

Louise White
5/1/72 *AD.*

*AD**JMS*

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 30238 G

DATE April 17, 19 72PAY TO THE
ORDER OF

Louise White

\$460.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON
S.W. Fifth and College Branch
Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment for Tenants per claim filed. From 216 N. Cook (A-3-2).	
		Dislocation allowance	\$200.00
		Fixed payment - own furniture	<u>260.00</u>
			<u>\$460.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (Fixed payment - Individual)	(EH) \$460.00

Louise White
Date 4/18/72

JK

DATED this 18 day of April 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 216
N. Cook, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Portland Dev. Comm.
(firm name)

by: Louise White

CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

Family ☐ Individual ☒

WHITE, Louise

2. DATE(S) OF MOVE

April 15, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-2

a. Address

216 N. Cook, Portland, Oregon 97227

b. Apartment, Floor, or Room Number ---

c. Was it furnished with your own furniture?

☒ Yes ☐ No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 6

e. Date you moved into this address: 1959

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

5057 N. Vancouver, Portland, Oregon 97217

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance \$200.00

Fixed Moving Payment 260.00

(Consult local agency)

Total \$ 460.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Mar. 27, 1972

Date

Louise White

Signature of Claimant

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

Louise White
5057 N. Vancouver
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

PDC

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☐ No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>	<i>[Signature]</i>	<u>4-14-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

1/ Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
4/17/72	30238G	\$ 460.00			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name White Louise Project R-20
2. Date(s) of move 4-15-72 Parcel No. A-3-2
3. Dwelling unit from which you moved:
 Address 216 W Cook No. of rooms 6
☐ Furnished ☒ Unfurnished Date you moved into this unit 1959
4. Dwelling unit to which you moved:
 Address 5057 N Vancouver (HAP)
 Were goods moved to or from storage? ☐ Yes ☒ No
5. Total claim \$ 460.00

 FIXED PAYMENT: \$200 + \$260.00 = \$460.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover
10. Amount actual costs
 - a. Moving costs (attach receipt or voucher) \$ _____
 - b. Cost of insurance (attach invoice) \$ _____
 - c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

(Date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

(Name)

(Address)

7/21/71
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: LOUISE WHITE

Total earnings for 1970: \$ 752⁰⁰

Estimated earnings for current year: \$ 114⁰⁰ To 7-21-71 Paid
120⁰⁰ Est. for balance of 1971

Margaret E. Curry
(Authorized signature)

CONFIDENTIAL

(Date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

(Name)

(Address)

6-24-71
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Louise White

Total earnings for 1970: \$ 1440

Estimated earnings for current year: \$ 1340

Don G. Masters
(Authorized signature)

CONFIDENTIAL

Dwelling Unit Inventory

QUANTITY

1 Beds & Springs
 Bedroom Chair
1 Breakfast Table
 Breakfast Table Chairs
 Bridge Lamp & Shade
 Buffet
1 Chest of Drawers
1 Coffee Table
1 Couch
 Devenport
 Desk
1 Dining Table
3 Dining Chairs
 Dresser
2 End Table
 Floor Lamp & Shade
1 Mirror

QUANTITY

 Night Stand
1 Occasional Chair
1 Overstuffed Chair
 Overstuffed Rocker
1 Range
1 Refrigerator: Brand
 Rocker
3 Rug & Pad: Size
 Stool
3 Table Lamp & Shade
 Table, small
 Vanity & Bench
✓ Suitcases
1 Trunks
✓ Cartons, Boxes, Etc.
✓ Clothes
✓ Bedding & Linens

Miscellaneous (List Items)

T.V.
Record player

COMMENTS:

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project

PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

WHITE, Louise

Family ☐ Individual ☒

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-2

a. Address: _____

d. Monthly rental: \$ 50.00

216 N. Cook, Portland, Oregon 97227

e. Date you moved out of this dwelling: April 17, 1972

b. Apartment or room number: ---

Month-Day-Year

c. Number of bedrooms: 3

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ 15.50

5057 N. Vancouver, Portland, Oregon 97217

e. Date you moved into this dwelling: April 17, 1972

b. Apartment or room number: ---

Month-Day-Year

c. Number of bedrooms: 1

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ _____

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____

c. Downpayment: \$ _____

Month-Day-Year

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP Code): _____

e. Will you require temporary housing for more than 3 months?

Yes ☐ No ☐

c. Date of move: _____

Month-Day-Year

If "Yes," total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

4/7/72

Date

Louise White
Signature of Claimant(s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claim- ant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
Documentation must be provided to support any claim for incurred costs.

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Louise White
216 N. Cook St.

COMPUTATION PREPARED BY:

Name

Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
(cost based on: ☒ Schedule
☐ Comparative
☐ Other)
2. Base monthly rental for claimant's former dwelling, or 22.80
25% of adjusted monthly income, whichever is less. \$ 22.80

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	<u>\$ 22.80</u>	22.80
	\$ <u>105.55</u>	105.55
X	<u>48</u>	

5,066.40
\$ 4,842.72

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.)

\$ 4000.00

5. Minus adjustments (Attach full explanation)

- \$ 4000.00

6. Amount of rental assistance payment
(Line 4 minus Line 5)

\$ 4000.00

7. Annual Payment

\$ 1000.

(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. L 20

1. Full name of claimant: _____

Family ☒ Individual

Louise White

2. Dwelling unit from which you moved: _____

Parcel No. A 3-2

a. Address 216 N. Cook St

c. Number of bedrooms 3

Portland 97211

d. Monthly rental \$ 50.00

b. Apartment or room number -

e. Date displaced ☒ April 17, 1972

3. Dwelling unit to which you moved (RENTAL) _____

a. Address 5057 N. Vancouver Ave

c. Number of bedrooms ☒ 1

X

d. Monthly rental \$ ☒ 15.50

b. Apartment or room number -

e. Date moved in ☒ April 17, 1972

4. Dwelling unit to which you moved (PURCHASE) _____

a. Address _____

c. Downpayment \$ _____

b. Number of bedrooms _____

d. Incidental expenses \$ _____

e. Date of purchase _____

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP) _____

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

e. Require temporary housing for more than 3 months? ☐ Yes ☐ No

If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above: _____

Determination

1. Did claimant rent or own at time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental ☒ 1959

Date of acquisition n/a

Owner-occupant's initial date of ownership _____

2. Did claimant own or rent 90 days prior to initiation of negotiations? ☒ Yes ☐ No

Date of rental or purchase n/a

Date of initiation of negotiations May 7, 1971

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard _____

4. Certification: _____

NAP Housing
(Amount of this claim \$ 4,000.00)

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- ☒ Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- ☐ Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

Nov. 22, 71
Date

Louise White
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

3/23/72
(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

Louise White
(name)

216 9th Cook St
(address)

3-21-72-
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Don G Masters

Total earnings for 1971: \$ 1200

Estimated earnings for current year: \$ 700

Don G Masters
(authorized signature)

CONFIDENTIAL

3/25/71
(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

Louise White
(name)
216 N. Cook
(address)
Portland Oregon 97227

March 24 1972
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Louise White

Total earnings for 1971: \$ 264⁵⁰

Estimated earnings for current year: \$ 260⁰⁰

Margaret E. Curry
(authorized signature)

CONFIDENTIAL

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

White, Louise
216 N. Cook St

COMPUTATION PREPARED BY:

A.L.
Name
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit
(cost based on: Schedule
 Comparative
 Other)

\$ 128.35

2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less.

\$ 22.80

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1 \$ 128.35
Line 2 - \$ 22.80
 \$ 105.55
X 48

\$ 5,066.40

4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.)

\$ 4000.

5. Minus adjustments (Attach full explanation)

- \$ 4000.

6. Amount of rental assistance payment
(Line 4 minus Line 5)

\$ 4000.

7. Annual Payment

\$ 1000.

(Enter this amount in the space provided in Block 3 on
page one of Replacement Housing Payment for Tenants
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be
made. If the amount on Line 6 is more than \$500, divide the payment by 4.
The resultant amount is the total of each of four annual payments to be
made; enter on Line 7.

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

January 14, 1972

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Louise White,
of 216 N. Cook, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Louise White
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

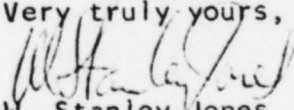
January 14, 1972

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Louise White,
of 216 N. Cook, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Louise White
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER A. Gordon

PROJECT NO. R-20

PARCEL A-32

NAME White, Louise

ADDRESS 216 N Cook

APT NO. House

PHONE 284-0833

INITIAL INTERVIEW 6/14/71

SEX F

W

NW B

AGE 61

U.S. CITIZEN ☒

ALIEN ☐

VETERAN ☐

SERVICEMAN ☐

DATE ON SITE 12 yrs-

FAMILY COMPOSITION

Name	Relation	Age

(Day work)
Employer: Name Mrs. Don G. Master \$ 170.00
Address 617 Albemarle Terrace
MCW ☐ Caseworker ☐
Social Security ☐
Va. ☐ Fed. ☐ Mult Co. ☐
Pension: Name ☐
Other: Name ☐

TOTAL MONTHLY INCOME 170.00

Rent 50.00, Inc. Heat Water 5.25 Gas 10.00 Gar Elec 4.00

Unfurn ☒ Furn ☐ No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 ☐ Disabled (Soc. Sec. def.) ☐ Income below limits ☐ Assets below limits ☐

221 CERTIFICATE OF ELIGIBILITY: Date delivered 6/14/72

by

Notify in case of accident:

Name N/A

Address

Phone

Information Statement given to on by

Notice to move given to on by

Payments: Amount \$ Check No. Date delivered Moved by self ☐ (or) moved by moving company ☐ (Phone)

REMOVED FROM CASELOAD:

(Date)

Refused assistance

Relocated in:

Low-rent public housing

Other perm. public housing

Standard priv. rent. hsg.

Sub-standard priv. rent

hgs. with refusal of

further aid

Standard sales housing

Sub-standard sales hsg.

Out-of-town

Address unknown, abandoned

Evicted, no further

assistance

Other (explain)

REMAINING ON CASELOAD:

Address unknown, tracing

Evicted, further assistance

contemplated

Temporarily relocated by

LPA

within project:

address

outside project:

address

FAMILY REFUSED ADDITIONAL ASSISTANCE:

Date

Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>5053 N. Vancouver Ave.</u>		
<u>3955 N. Albina</u>		
<u>(Royal Rose Court)</u>		

NEW ADDRESS: 5057 N Vancouver Ave. Apt. D

H.A.P.

Zip

4/10/72

Phone

1/15/71 flyer delivered by Ted Parker. Would like meeting.
Very receptive.

2/22/71 Survey: wife rent house, 1 bdrm, on busline. USA

7/8/71 Talk with Mrs White and she said that she would like a house but would settle for Apt. Agreed to meet with me next week.

11/11/71 Talked to Patrick J. Sedwidge, attorney, 1121 Commonwealth Bldg. He stated that he represents the owner of the property and also will represent Louise White. Perhaps we should check this out with her on our next contact to see if we should be contacting him — or she whenever.

11/23/71 Interviewed Mrs White and went over her benefits with her. She said, "She did not engage Patrick J. Sedwidge, attorney to represent her. After hearing her benefit she is reconsidering her stand on buying a house. I offered to show her a rent supplement apt. after she indicated she would consider.

2/14/72 Talked with Mrs White who has not decided to take public housing or whether she is going back to Texas. Stated she had looked at several rent supplement housing units. Nothing seems to interest her. Promised to see me later when she is feeling better.

INTERVIEW REGISTER

Date

Relocation
Worker

- 2/24/72 Call to Louise White whom I had interviewed to inquire as to how she was feeling and whether she had made any decisions as to what her plans were. She stated she would call and set up an appointment to go to HAP.
- 2/28/72 Mrs White called stated she had a Dr's appointment and would call and set up a later date in this week for applications at HAP.
- 3/1/72 Called on Mrs White. No one answered.
- 3/5/72 Called Mrs White to see what she has decided to do. Rent supplement or buying. States she will set up appointment for going to HAP for making application. Will call us Friday 3/17/72.
- 3/17/72 Mrs Louise White was taken to HAP with letter of Displacement, Verification of income. Application was made for rent supplement. Dalko Apts were her preference. Other places shown her. She feels that Dalko Apts were best suitable for her. She has been placed on the waiting list.
- 3/22/72 Mrs White was offered Apt. 5053-5057 N. Vancouver after seeing the Apts. A call was made to HAP to put a hold on 5057 N. Vancouver Ave.
- 4/1/72 Mrs White was taken Housing Authority ^{at Columbia Villa} to pick up key to Apt. 5057 N. Vancouver.
- 4/17/72 A self move was made by Mrs White to new address, 5057 N. Vancouver Ave. from 216 N. Cook.
- 4/18/72 Reimbursement for relocation payment for tenants. Claim filed from 216 N. Cook H 3-2. Check NO. 30238 Q. Dislocation and fixed payments own furniture in the sum of \$460.00. Delivered to Mrs White at new address 5057 N. Vancouver Ave.
- 4/26/72 Reimbursement per Claim for RHP for Tenants. Mrs White's check NO. 395 EH for move from 216 N. Cook parcel A 3-2 in the amt of \$100. for 1st. Annual payment received in office.
- 5/1/72 Check NO. 395 EH A. 3-2 RHP. for \$1000 delivered to Mrs White by A.H.

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

November 25, 1974

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Attention: Ms. Alma Gordon

Re: 4605 N. Vancouver Avenue

Gentlemen:

A reinspection was made by the Housing Division of the one-bedroom unit at the above address in a one-story, wood frame, two-family dwelling and attached garage.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegidden
Chief Housing Inspector

DDM:rz

cc: Mrs. F. P. Tracy
211 N. Going Street

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 255-6169

September 1, 1971

Mrs. Louise White
216 N. Cook
Portland, Oregon

Dear Mrs. White

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 255-6169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Louise White

7/14/71
date

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst WJG Date of survey 2/22/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 7 Structure No. 6 Census Block No. 23 Census Tract No. 22 A
Street Address 216 N. Cook St. Apartment No. _____

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes X, no _____
2. Why no assistance may be needed
 - a. _____ Vacant
 - b. _____ Will be vacated on the following date _____
 - c. _____ Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

	Name	Family relation	Age	Sex	Occupation
1.		Head of household			
2.	<u>Louise White</u>	<u>✓</u>	<u>61</u>	<u>F</u>	<u>Days work</u>
3.					
4.					
5.					
6.					
7.					
8.					
9.					

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:	Distance		
Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>Louise White</u>	<u>Mrs. Dan G. Master</u>	<u>617 Albemarle Terrace</u>	<u>5 Mi.</u>

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Louise White</u>	\$ <u>170.00</u>	\$ <u>170.00</u>
Total family or household income per month	\$ <u>170.00</u>	\$ <u>170.00</u>

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned _____, use bus ✓, walk _____
3. Will rent house ✓, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo.
(Furniture is owned, yes ✓, no _____, stove and refrigerator owned, yes ✓, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 1, kitchen ✓, dining room ✓,
living room ✓, number of bathrooms _____, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

HOUSING RESOURCES SURVEY
To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst _____ Date _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 7 Structure No. 6 Census Block No. 23 Census Tract No. 22A
 Street Address 216 N. Cook Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Louise S. White NAME & ADDRESS OF OWNER: Ledwidge Patrick J. Atty. NAME & ADDRESS OF PROP. MGR: _____
216 N. Cook _____
 TELEPHONE: 284-0833 TELEPHONE: 226-3409 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1+A stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
☒ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

936 Sq. ft. in first floor (county figure)
1386 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable
1967 Date of last appraisal
1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1040</u>	\$ _____
Improvements	<u>3640</u>	_____
Total	<u>4680</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>50.00</u>	_____	\$ _____
Electricity	_____	\$ <u>4.00</u>	_____
Gas	_____	<u>10.00</u>	_____
Water	_____	<u>5.25</u>	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>50.00</u>	\$ <u>19.25</u>	\$ <u>69.25</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant ☒, owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

November 15, 1974

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Attn: Alma Gordon

Re: 4605 N. Vancouver Avenue

Gentlemen:

At your request, an inspection was made by the Housing Division of the one-bedroom unit at the above address in a one-story, wood frame, two-family dwelling with attached garage.

Our inspector reports the following conditions are in noncompliance with City Regulations:

1. Window sash is painted shut in living room and bedroom, resulting in lack of natural ventilation in these rooms.
2. Window glass is broken in front door and bedroom.

Your attention is called to Section 29.12.030 of the Portland Housing Ordinance #130672 which provides for your right to appeal to the Housing Advisory & Appeals Board.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077 or 248-4500, when the corrections have been completed, under proper permit where required, and a reinspection may be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden
Chief Housing Inspector

DDM:vm

cc: Mrs. Mike Tracy
211 N. Going Street

42

LAND APPRAISAL

MAP NO 2730

DATE BK. & PAGE REMARKS

SITE ADJUSTMENTS

ROAD TYPE	D G P
TOPOGRAPHY	Level - 4 ft street
VIEW	
OTHER	
DEPTH FACTOR	
STANDARD DEPTH	
EFFECTIVE DEPTH	

COMPUTATIONS

DESCRIPTION	ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ UNIT VALUE	VALUE
2,000 #		\$.50			1,000

TOTAL AREA SUB-TOTAL

REMARKS	SITE ADJ	TOTAL APPR VALUE
	19	APPR VALUE
	19	APPR VALUE
	19	APPR VALUE
	19	APPR VALUE

APPRAISER

M. Miller

DATE

4/13/67

ACCOUNT NO

CLAS 3

STORY 1 1/2

AREA 750

ADDRESS 210 N. 3rd St

BASE FACTOR

EWN

Con

Br

Y

BMT

3 4

1 2

1 4

10

90

1440

BSM

Garage

Lav

Bath

FLOORS

D

S

Lm

Tile

Hdw

Con

15170

ROOF

G

H

F

Alum

Camp

Shk

Tile

Built-Up

GATER

D

S

Shks

Siding

Blk

Stuc

Gutter

P D

INTER

L & P

Drywell

Tork

Hdw

BJ

Aug

PLUMBING

FACILITY

Sink

D.W.

Toilet

V.L.B.

Lub

Enc.

Shower

Enc.

St

Lath

W.H.

Quantity

1

1

1

1

1

1

1

1

1

1

1

1

HEAT

H.W.

Pkg.

Pipe

Flue

Gas

Elect

H.A.

220

FIREPLACE

Ins

O.S.

S

D

T

1-Story

2-Story

Blue

1

1

1

1

AIRC

Unf

Furn

Bath

Lav

3 4

1260

1 4

1350

2ND STY.

B.R.

Bath

Lav

H

BASE 3-3440 X 100

DOORERS 2-200

MISC

V.F. & H.

R & O

V.F.

Tile

OUTSIDE

300

BT

Sprinkler

Y.L.

FIRST FLOOR

Garage

Class

Type

B

Rm. Hall

Serv. Hall

Type

B

Liv. Rm.

Dim

A x

Imps.

AREA

REPL COST

ADJ. REPL COST

TOTAL

SUB

260

260

10970

260

Din. Area

Fdn

7

Imps.

936

10710

33

3534

33

3534

3534

3534

3534

Fam. Rm.

Floor

M

Imps.

BASMT.

Nook

Const

T

Imps.

BASMT.

Kitchen

Roof

T

Imps.

BASMT.

Utility

Roof

T

Imps.

BASMT.

Bedroom

Roof

T

Imps.

BASMT.

Bath

Roof

T

Imps.

BASMT.

Lav

Roof

T

Imps.

BASMT.

Den

Roof

T

Imps.

BASMT.

TOTAL DEPRECIATED REPLACEMENT COST

3534

MISC.

BUILT

1910

Age

42

1965

APPR. VALUE

3500

Perm

NO

Func

19

APPR. VALUE

19

APPR. VALUE

19

APPR. VALUE

19

APPR. VALUE

Const

PREV APPR

19

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